



REJECTED 4/02

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

PROGRESS SHEET

Contact Person: Janet Mount (509) 882-3994

COMPUTER INPUT

- ☐ APPLICATION
☐ PERMIT
☐ CERTIFICATE
☐ OTHER

FAX: 882-5771

☐ SURFACE WATER ☒ GROUND WATER

WR ID# 2087589

| | | | |
|--|--------------------|---|------------------------------------|
| NAME Wyckoff Farms Inc | | TELEPHONE NO. (509) 882-3934 | |
| ADDRESS PO Box 249 Grandview WA 98930 | | (CITY) | (STATE) |
| ASSIGNED TO | | TELEPHONE NO. | DATE ASSIGNED |
| ADDRESS | | (CITY) | (STATE) |
| APPLICATION NO. 64-32957 | | PERMIT NO. | CERTIFICATION NO. |
| DATE AMENDED | | DATE CANCELLED | W.R.I.A. |
| APPLICATION | | | |
| DATE APPLICATION RECEIVED APRIL 3, 2001 | | INITIAL \$10.00 FEE RECEIVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | DATE FEE RECEIVED APRIL 3, 2001 |
| STATEMENT OF ADDITIONAL EXAMINATION FEE \$ | | DATE SENT | DATE RECEIVED |
| DATE RETURNED FOR COMPLETION OR CORRECTION | | DATE RECEIVED | |
| TEMPORARY PERMIT | | | |
| APPROVED BY | | DATE ISSUED | |
| PUBLICATION | | | |
| APPROVED BY | | DATE APPROVED | DATE NOTICE SENT |
| PROTESTED BY AND DATE. | | | |
| DATE AFFIDAVIT RECEIVED | CHECKED BY | TIME EXPIRED | DATE AMENDED NOTICE SENT |
| DATE AFFIDAVIT RECEIVED | TIME EXPIRED | | |
| DEPARTMENT OF GAME AND FISHERIES REPORT | | | |
| APPROVED | PROVISO | PROTEST | |
| EXAMINATION | | | |
| DATE EXAMINATION MADE | MADE BY | DATE REPORT OF EXAM. WRITTEN | WRITTEN BY |
| DATE PERMIT FEE REQUESTED | AMOUNT DUE | DATE RECEIVED | |
| PERMIT | | | |
| PERMIT APPROVED BY | DATE APPROVED | PERMIT NO. | DATE ISSUED |
| BEGINNING OF CONSTRUCTION | | | |
| DATE NOTICE SENT | DATE FILED | EXTENSION FEE | |
| EXTENDED TO | EXTENDED TO | | |
| WELL DRILLER'S AND/OR CONSTRUCTION REPORT | | | |
| DATE SENT | DATE FILED | | |
| COMPLETION OF CONSTRUCTION | | | |
| DATE NOTICE SENT | DATE FILED | EXTENSION FEE | |
| EXTENDED TO | EXTENDED TO | | |
| PROOF OF APPROPRIATION | | | |
| DATE SENT | DATE FILED | EXTENSION FEE | EXTENDED TO |
| DATE CERTIFICATE FEE REQUESTED | AMOUNT DUE | DATE RECEIVED | DATE APPROVED FOR CERTIFICATE |
| APPROVED BY | | | |
| CERTIFICATION | | | |
| PROOF EXAM. REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO | CERTIFICATE NUMBER | | DATE ISSUED |

REMARKS

REJECTED

04-05-2002
sa

Drought Permit expired 12-31-2001.